

I. Name of Lobbyist(s):

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expense for LOBBYISTS

(RSA Chapter 15)

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Heidi L. Kroll; Paul A. Worsowicz

II. Name of Lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 kroll@gcglaw.com 603-226-3477 603-228-1181 (Email) (Fax) (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client.) All reportable transactions occurring in the month prior to the reporting date relative to the following client. X AMERICA'S HEALTH INSURANCE PLANS (AHIP) (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 26, 2017 🔲 April 26, 2017 IV. Date of Report: activity from 4/1/17 to 6/30/17 activity from date of registration to 3/31/17 Reports cover: January 24, 2018 🗵 October 25, 2017 activity from 10/1/17 to 12/31/17 activity from 7/1/17 to 9/30/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B - Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of Lobbyist) Heidi L. Kroll (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Heidi L. Kroll; Paul A. Worsowicz						
II. Name of lobbyist's partnership, firm or corporation, if any:						
GALLAGHER, CALLAHAN & GARTRE	ELL, P.C.					
(Name of partnership, firm or corporation)						
III. Name of Client AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	January 2	4, 2018			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above lobbying, including fees for services such as public advocacy, government relincluding research, monitoring legislation, and related legal work. The gross by any expenses:	ations, or	public relatio	ons services,			
a) Total of all fees received in this reporting period		a) \$	12,102.75			
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$ 	32,156.41			
c) Total of all fees received to date. (Add lines a and b)		c) \$	44,259.16			
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$	4,034.25			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each clobbyist(s)/firm that are unrelated to any one client a separate report may be are to be reported in one of three categories of expenses: (a) the aggregare reporting period for salaries, benefits, support staff, and office expenses; expenses where the expenditure was of \$25.00 or less (for example: meals at the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 to purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period or covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not greater than \$25 legislative reception). Expenses for honorariums, expense reimbursement, on separate addendums and should not be reported on Addendum A.	lient and if filed for ate total of (b) the agourchased that is give of \$25.0 f greater than	f expenditure the lobbyist(of all expense gregate total during a buse en to the per- 0 or less); a han \$25.00 for ise of a cerer \$50, restaura	es are made by the s)/firm. Expenses es paid during the lof all individua iness lunch where son being lobbied and (c) an itemized or any purpose no nonial object to be ant expenses for a			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) (12,102.75			
c) Total of all itemized expenditures reported in detail in section VI.	c) (D	.00_			

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75	
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	36,308.25	
f) Total of all expenses year to date.	f) \$	48,411.00	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.	oying fees during	this reporting	
Paid to:	¢	Amount	
Paid to:	*		
	\$ -		
	<u> </u>		
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm to is true and complete to the best of my knowledge and belief.		ng information	
	1	,	
(Signature of lobbyist)		1/22/18	
(Signature of lobbyist)	(Date)		
Heidi L. Kroll (Print Name of Lobbyist)			
(Print Name of Loddy ISU)			

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income	and Expenses for:		
Name of Lobbying par	rtnership, firm or corpo	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.
	blank if Statement is fo America's Health Insu		orporation and not related to any
Date of Report (check	cone):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 🗵
I have read RSA 15, Following Addendums submitted):	RSA 15-B, RSA 664, the submitted with that Sta	e Statement of Income and Entement (insert the number o	Expenses described above, and the f Addendum forms being
1 Addendum A(s)			
0 Addendum B(s)			
0 Addendum C(s)			
I hereby swear or affice complete to the best of	rm that the foregoing in f my knowledge and be	formation on the Statement a lief.	and each Addendum is true and
Signature of Lobbyi	Worooner St.		/- 22-/ 8 (Date)
Paul A Worsowicz			